

# ST ANDREWS STABLES RELEASE & INDEMNITY

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Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Date \_\_\_\_\_

Where did you hear about us? \_\_\_\_\_

**In consideration of** my being permitted to engage and take part in the events or attractions offered by **ST ANDREWS STABLES and \ or Twisted Sisters Inc.**,

**I, the undersigned**, for myself, my heirs, personal representatives and assigns,,(1)do hereby expressly release, acquit and forever discharge **ST ANDREWS STABLES and \ or Twisted Sisters Inc.**, its officers, trustees, employees, agents, successors and assigns, from any and all claims for injuries (including death) or damages caused by, arising out of, or in any way related to my participation in any activities including, but not limited to participation in lessons and horse related activities and (2) do hereby expressly agree to hold harmless and fully indemnify St. Andrews Stable Equestrian Training Centre and/or Twisted Sisters Incorporated and all other persons herein released from any and all losses from any such claims.

I have read and understood the above statements and contract, stating in short, that my child or myself may be seriously injured or killed participating in this activity and understand that the fault of injury or death will be my responsibility. **Initial here:** \_\_\_\_\_

It is hereby acknowledged that the contents hereof are fully understood by the participant (and Parent/Guardian) who agree(s) that same shall be binding upon (his/her/their) heirs, successors, executors, administrators and assigns.

**PARTICIPANT SIGNATURE:** \_\_\_\_\_

If the participant is under eighteen (18) years of age,

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

This form was explained in detail and understood by the above person on (date): \_\_\_\_\_

Discussion: \_\_\_\_\_ (if yes, please write details of the discussion on the reverse side of this page)

***THERE ARE NO REFUNDS/MAKEUPS ON MISSED CLASSES***